

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>02/29/00</i>
O.I.P.E. CLASSIFIER			<i>2-17-20</i>
FORMALITY REVIEW	<i>LH</i>	<i>8 60105</i>	<i>5-8-00</i>
RESPONSE FORMALITY REVIEW			<i>~</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	<i>1/22/00</i>
Original	<i>1/26/00</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here